age	Evidence for change of age is shown on	MARYLAND STA
correct:	MLM No.G 9 7 AUG 31 1945	CERTIF
mation carefully. The cordeath clearly and legibly	1. PLACE OF DEATH: County	iys
mation leath cl	3. (a) FULL NAME	adaml
	4. Sex 5. Color or race 6.(a)Sin	gle, married, widowed, or divorced
	Jessale Whele m	rarried
NDI item	6 (b) Name of husband or wife Frank 6	adams
REVED FOR BINDING. Supply every item of please write the causes		.(c) If elive, give age
VED Supplease w	8. AGE: Years Months Days	It less than one day hrs.
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RGIN RESE ADING INK Physicians:	10. Usual occupation. Housewife	
GIN	f1. Industry or business	O V
MARGIN F UNFADING ant. Physicie	12. Name	20 1
MZ WITH UNI important.	14. Malden name Garae Huse 15. Birthplace Levellasse	sker
ZA.	16. Informant J. B. Adams	Restand
LAINLY, especially	Address 16 if Chellofas	b- Chlor.
PLAINLY s especial	17. (Burial, cremation, or removal. Which?)	ereof (month) (day) (ye

Cemetery or crematory

(Date rec'd by registrar)

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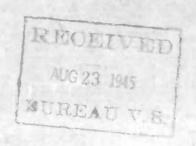
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ea St., Baltimore		
TE OF DEATH	Reg. Dist. No.	12
2. USUAL RESIDENCE (HOME	O) OF DECEASED:	
11 1 1 1	county Cerel	**********
City or town Clifton		************
104 Church	imits, write RURAL and give neare	st town)
Street RO(If rural,	give LOCATION)	***************************************
2.(a) It veteran, name war		***************************************
	3. (b) Social Security No	umber
MEDICAL	CERTIFICATION	
20. DATE OF DEATH Aug 16	- 1945	11.151
21. I CERTIFY that death accurred on the date	e above stated; that I attended decoase	d from
alleg S es		19.45
and that I last saw h		19.4.
Immediate cause of death	mouteyl_	9 dys
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Due to		***************************************
Due to.		
Due 10		••••
Other conditions		
(Include pregnancy withi	in 2 mouths of duath)	94
Major findings of operations		
major maungs or operations.		
Autopsy results		tistically.
22. VIOLENCE: If death was due to externa	d causes, fill in the tollowing;	
Accident, suicide, or homicide	Date of	******
Where did injury occur?(City or tow	wn) (County) (State)
Injured at home, farm, industry, public place	e (where?)	
Means of Injury	Injured et work?	
7 4. m.	Ines It	
23. SIGNATURE	M. D. og	other

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PLEASE WRITE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore //90

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	CERTIFICATE OF DEATH
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowBorn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and	Oller on hamily and the second of the second
How long In abore place of death?	(If outside city or town limits write RURAL and give nearest town) Street No.
How long to hospital or institution?	(If reral, give LOCATION) 2.(a) it veteran, name war
3. (a) FULL NAME	Lee Barton 3. (b) Social Security Number
4. Sex 5. Color of rase 6.(a) Single, merried, wi	MEDICAL CERTIFICATION 20, DATE DF DEATH. CLUB-5 19 4 5 at 2365
S.(6) Name of husband or wife	24 V CENTIFY About death annual or the date about the date of the date of the second date.
7. Birth date of deceased (mo., day yr.) an 23 / 9	re age
8. AGE: Years Months Days If less to	han one day Immediate cause of death DURATION
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11. Industry or business 12. Name Delete 13. Birthpiace	Color Dither conditions.
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(m) allet . Abres	Date of op.
Address Address	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buttal (Burial, eremation, or removal, Which?)	7 / 9 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
cometery or cramatory & selection	Where did injury occur? (City or town) (County) (State)
Location 18. Funeral director 4.50	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
Address Pesing Su	man Subharus El Worlson Minister Cecil Cour
19 (Date gryd by register)	Registrar Address Lawy Sew M. D. or other Registrar Address Lawy Sew M. Date signed 75 4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore





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CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Coucty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Charles & Val	et.
Male Rule Married.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the fate above stated; that I attended deceased from
8.(b) Name of husband or wife	10
7. Birth date of deceased (mo., day, yr.) Sent 27 1894	and that I tast saw hallve on
8. AGE: Years Months Days Rest than one day So Months Days Rest than one day It less than one day It less than one day It less than one day Months Days Rest than one day It less than one	Our to Other conditions (Include pregnancy within 5 months of death) Major findings of operations.
	- Date of op
16. Informant Address Ch. Ch. M. 11. Service of Society Pate Thereof. (mogh) (day) (year) Cemetery or crematory Location 18. Funeral director Address Classon Address Classon M. C. Ch. M. Address Classon M. C. Ch. Address Classon M. C. Ch. Address Classon M. C. Ch. M. Ch. M. C.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (Coupt) Spate) Injured at home, farm, industry, public place (where?) Injured at work?
19. Caug 3 19 45 9/1 Frage (Date ree'd by registrar) (Negistrar)	23. SIGNATURE M. D. or other Address Carry Serie M. Date signed 723-45

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2411 N. Charles St., Baltimore 51-6)

CERTIFICATE OF DEATH

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Reg. Dist. No. 96

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. The corr legibly.	1. PLACE OF DEATH: County County Death	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
y. The	City or town (if outside city or town limits, write RORAL and give nearest town)	City or town (If ontside city or town lymits, write RURAL and give nearest town)
on carefully clearly and	Hospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
on ca	How long in hospital or institution?	2.(a) It veteran, name war
Jeath death	3.(a) FULL NAME Howelett Ovens	Dergamen Sp 2/8-03-4432
of int	4. Sex 5. Color or race 5. (a) Single, married, wildowed, or divorced White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH Quest 74 19 45 21 7 5 M
ry item of the causes	8.(b) Name of husband or wife A. Ilie M. Genjamin	21. I CENTRY that death occurred on the date above stated; that attended deceased from 45
	7. Birth date of deceased (mo., day, yr.) Aug 13, 1873	and that I last saw halive on
	8. AGE: Years Months Days If less than one day	Careinona Thurs - 10 months
INK. Supp	Lealie Celil and	Due to
0 0	10. Usual occupation Compation	Due to
	11. Industry or business (austruftion 12. Name V Arge Chil Co. Mys.	Other conditions Carcenoma & Tratal 1/2 /1
WITH UNF.	13. Birthplace	(Include pregnancy within 3 months of death)
WITH	14. Malden name Lung aluth Ulrahams	Major findings of aperations
, s	Al illie M. Parestanice	Antopsy results
PLAINLY, 1 is especially	Address Oct hufrant MA, 4 19	22. VIOLENCE: If death was due to external causes, fill in the following;
P1 .52	Nahewell	Accident, suicide, or homicide
WRITE	Cometery or crematory Location Court William & Mil Aura	injured et home, farm, Industry, public place (where?)
	18. Funeral director Q. Il a. Tasturara & Soul	Means of Injury Injured at work?
A15	Address Parryrelle, and	23. SIGNATURE M. D. or other
VS	19. Grag 2-7 Wys Drene & Duglis	Address / Det Depret Date signed 8 / 25/45

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correct age

1. PLACE OF DEATH:

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The city is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933



2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

CERTIFICATE OF DEATH

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Reg	z. E	Dia	t. N	lo.	

Cily or town. (If outside eity or town limita, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	City or lown
3. (a) FULL NAME Forcise H Bec	3. (b) Social Security Number
Temal white widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF OBATH OF STATE OF STAT
6.(b) Name of husband or wife Gray Sout Beauty 7. Birth date of deceased (mo., day, yr.) 7. Birth Que of Qfr 2 (866	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days It less than one daymin.	Immediate cause of death DURATION
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10. Usual occupation	Oue 10
12. Name Thomas Heath	Other conditions
14. Malden name Harriest Bryson 15. Birthplace Elector med RA	(Include pregnancy within 8 months of death) Majnr findings of operations.
18. Informant Careline Beauty Kane	Autnpsy results
Address 17. Quital (Burial, cremation, or removal. Which?) Oale thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Elkton Canadany Location Elktory mid	Where did injury occur?
18. Funeral director At White	Means of Injury Injured at work?
Address Elkton med	23. SIGNATURE M. D. or other
(Date ref d by registrar)	Address Date signed City 166

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanto give residence of mother)
County Dayle Each For	State Mod. County Cerif
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Street No.
Now long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
m arg aret Elin	abith Broldle
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White married	20. DATE OF DEATH CLUY 3 1943 at 3.091 a
8.(b) Name of husband or wife and a Biddle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If allve, give age 6 2 years	lus 1945
7. Birth date of deceased (mo., day, yr.) /2 - 23 - /89/	and that I last saw h all alive on Curry 18 43
8. AGE: Years Months Bays It less than one day	Immediate caose of death
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12. Name W Illiam Mc Minney	Other conditions.
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9 15 Blithalasa	Major fiedings of operations.
1 0 . C R . 1 11.	Date of op. See 1 1 CC 114
18. informant Assistance Assistan	PHYSICIAN: Please paderline the cause to which death should be charged statistically.
Address Mith East. Mit	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, eremation, or removal. Which?) Bate thereof. (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Melhodis	Whose did Jahren assess
1 De 1 March	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. The form	Injured at Work?
Address / Joseph Cash Mo	Searly (1)
11 8/11/ 115 Teda & Onems	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed Cum 1 1 45

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BUREAU V.S.

Registrar

(Date reo'd by registrar)

Colonel M.O.

Address Perry Point, Md. Date signed 8-16-45

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ADING INK. Supply every item of information carefully. The convect age Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Diat. No.....

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e col	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
. The collegibly.	City or love Ca harles trum, M.d.	State Mandad County Coal
ly.	(If outside city or town limits, write RURAL and give nearest town)	10101
ful	How long in above place of death?	(if outside city or town limite, write RURAL and give nearest town)
are	Hony	Street No
on o	How long in hospital or institution?	2.(a) If veteran, name war
th	3. (a) FULL NAME	3. (b) Social Security Number
formation carefully f death clearly and	Frank Chesterman	Dratton
tem of inf causes of	4. Sex 5. Color of race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
item caus	8, (b) Name of husband or wite Raksie Ht.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
ry		20 A 10 19 19 19 19 19 19 19 19 19 19 19 19 19
ly every it write the	7. Birth date of deceased (mo., day, yr.)	and that I last saw h. Liu affe on the first the first saw h. Liu affe on
plly wr	8. AGE: Years Months Days Pless than one day	Immediate cause of death
Sur	76hrsmin.	Super and the super supe
K.	9. Birthplace Delatticant	Bue 10.
IN	(10wn, county, and state)	
DING INK. Supply hysicians: please wr	10. Usual occupation.	Due to
26		h m >
层	12. Name has les da de la	Other conditions.
rtai		(Include pregnancy within 8 months of death)
WITH UNI	14. Maiden name Charles (15. Birthplace	Major findings of operations.
	18. Interment Procest W Ralledge	Autopsy results. Date of op.
PLAINLY, s especially	Address Aldless Aldress	PHYSICIAN: Please underline the cause to which death should be charged statistically.
AIIN	C 1 1 1 1 1 8 - (2 - 11 1)	22. VtOLENCE: If death was due to external causes, fill in the following;
PL.	(Burial, cremation, or removal, Which (gonth) (day) (year)	Accident, suicide, or homicide
E	Cemetery or crematory	Where did injury occur?
WRITE	Location De Minatur Del	Injured at home, farm, industry, public place (where?)
	18. Funeral directors hald to be atman	Means of injury Injured at work?
ASE	Address	A folial by the alas a
E	8/7 5 20 2 VT. (Denena)	23. SIGNATURE
-	(Date rec'd by registrar) Registrar	Address 2 Q Roby had gate signed O'May by 19 hi

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Ceunty CECIL State CONNECTICUT County City or town BRIDGEPORT (If eutside city or town limits, write RURAL and give nearest town) Now long in above place of death? (If eutside city er tewn limits, write RURAL and give nesrest town) Nespital, Institution, or street address where death occurred: 442 VILLA AVENUE INT RESECTION OF U.S. HIGHWAYS 222 & 40 (If rural, give LOCATION) 2.(a) If veteran, name war WORLD WAR II Now long in hospital or institution?...... 3. (a) FULL NAME 3. (b) Social Security Number BRUNDAGE, Robert Arnold 899-38-03 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING Male White US Married 20. DATE OF DEATH 17 August 1945 , 0155 Am 21. I CERTIFY that death occurred on the date above stated: that I altended deceased from 6.(b) Name of husband er wife. Wife-Ruth M. Brundage 17 August 19 45 te 19 MARGIN RESERVED FOR and that I last saw h.....alive en..... deceased (mo., day, yr.) 29 July 1918 Immediate cause of death Fracture Simplend 8. AGE: If less than one day Cervical Vertebra 18hrs. 9. Birthplace Bridgeport, Connecticut (Town, county, and state) U. S. Navy to. Usual occupation... t1. Industry or business 置 12. Name..... Not Available WITH UNF important. 2 13. Birthplace (Inciude pregnancy within 8 months of death) Not Available 14. Malden name.... Major findings of operations..... 15. Birthplace PLAINLY, is especially Not Available 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; 8-20-45 Removal (Burial, cremation, or removal, Which?) Date thereof..... Accident, suicide, er hemicide. Accident pate of 17 August 145 (month) (day) (year) Where did injury eccur? Perryville, Maryland WRITE (City or town) Cemetery or crematory...... (State) Location Bishop & Son Injured at heme, farm, Industry, public place (where?) U.s. S. HIGHWAY #222 & Bridgeport. Conn Means of Injury Auto accident injured at work? PLEASE

Registrar

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23. SIGNATURE DODSON, MEDICAL EXAMINER M. D. or other

Address RISING SUN MD. CECIL COLD NO Speed 8-17-45

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SUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 922 CERTIFICATE OF DEATH 1. PLACE OF DEATH: legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED: The (For newborn infants gire resident of mother) County..... carefully. How long in above place of death?. Hospital, Institution, or street address where death occurred: information caref (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i FOR BINDING 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that/1) tiended deceased from every i Supply evelease write 7. Birth date of deceased (mo., day, yr.) DURATION Years 8. AGE: Days It less than one day ADING INK. Physicians: pl (Town, county, and state) 10. Usual occupation.... MARGIN 11. Industry or business important. ₹ 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden oa 15. Birthplace WITH Major findings of operations. PLAINLY, vis especially Antonsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide...... WRITE Where did lalury occur? (City or town) (County) injured at home, farm, industry, public place (where?) ... Means of Inlury Injured at work? A15 23. SIGNATURE (Date ec'd by registrar) Registrar

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Diat. No. 9
I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Marvel Elwood Ca	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Sleck Single Si	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 28. 19.45., to day, 29.19.45.
7. Birth date of deceased (mo., day, yr.) Que, 28 1945	and that I last saw h Assa alive on
8. AGE: Years Months Days If less than one day	allutasis Bue to
11. Industry or business 12. Name Senjamin Harrison Cain 13. Birthplace Darlington ma.	Dither conditions (Include pregnancy within 3 months of death)
14. Maiden name Pearline J. Boddy 15. Birthplace Port Deposit Drd. 16. Informant Playline Paint Address Park Deposit m. D.	Major findings of operations
Address JAN Delposit M. A. 17 Box 1.2 (Burial, cremation, or removal, Which?) Cemetery or crematory HOSQNAQ CEMCTEL	22. V10LENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location D. G. X. L. (A. G. T. C. T. T. T. T. T. S. X. S. S. Address J. M. L. (L. C. T.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE. M. D. or where
(Date rec'd by registrar) Registrar	Address Ressurg Sun md. Date stated 29-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore //90

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CERTIFICATE OF DEATH

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96 Reg. Diat. No.

1. PLACE OF DEATH: County Cecil City or town Port Deposit, Rural (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Since birth Hospital, institution, or street address where death occurred: Home How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Cecil City or town Port Deposit, Rural (If ontside city or town limits, write RURAL and give nearest town) Street No. Cokesbury (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number
Geraldine Elaine Clark 4. Sex Female 5. Color or race 8.(a) Single, married, widowed, or divorced Single 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTHY that death occurred on the date above stated; that Lattended deceased from 19. 4.5. and that I last saw have allye on 19. 4.5. Immediate causer of death DURATION
8. AGE: Years Months Days If less than one day O 5 6	Due to.
11. Industry or business 12. Name	Other conditions (Include pregnancy within 8 months of death) Major findings of eperations. Date of op.
Hezekiah Clark Address Port Deposit, Rural, Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Cokesbury Lecation Port Deposit, Rural, Maryland 18. Funeral director Lee A. Patterson & Son	Autopsy results
Address Box 157, Perryville, Maryland 19. S.	23. SIGNATURE BYGSNOW. M. D. or other Address Put SEpart Mg Date signed 8 3 - 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State Pennsylvania Perryville, Maryland
(If outside city or town limits, write RURAL and give nearest town) City or town Pittsburch
(If outside city or town limite, write RURAL and give necrest town) How long in above place of death?..... Mospital, Institution, or street address where death occurred: Street No. 2419 Osgood Street Perryville, Md. U.S. Highway #222 & #40 World War II New long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number FORSTER. James Henry 924-78-52 6.(a) Single, married, widowed, or diverced 4. Sex 5. Color or race MEDICAL CERTIFICATION Male White US Married 17 August 20. DATE DE DEATH 6.(b) Name of husband or wite Wife Edna Forster 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 17 August and that I last saw h.....alive on .. deceased (mo., day, yr.) August 12, 1913 Fracture, Compound, If less than one day 8. AGE: 5 minuteshrs. Pittsburgh, Pennsylvania Alleghar(Towe county topd state) 10. Usual occupation U. S. Navy 11. Industry or business Not Available 置 12. Name..... 13. Birthplace (Include pregnancy within 3 months of death) Not Available 14. Malden name..... Major findings of operations..... 15. Birthplace U.S. Naval Hospital, Bainbridge Antopey results..... PHYSICIAN: Please underline the cause in which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Date thereof 8-21-45 Removal
(Burinl, cremation, or removal, Which?) Accident, suicide, or homicide. Accident. Date of 17 August 117 (month) (day) (year) Where did Injury occur? Perryville Cecil Maryland Simons Funeral Home (County) Injured at home, farm, Industry, public place (where?) U.S. Highway 222 & 40 Pennsylvania Means of Injury Auto accident Madical Examiner

> R. C. DODSON'S MEDICAL. Address Rising Sun, Cecil Cty, Balo signed

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CERTIFICATE OF DEATH

AUG 17 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

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K.	Reg.	Di	at.	No		7	7

	Reg. Diat. No.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME Samuel Edwin For 4. Sex 5. Bolor or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Humbe	ind
Male Muse Married	MEDICAL CERTIFICATION 20. BATE OF DEATH. 20. 45	10.
6.(b) Name of Support or wife Edith & Harvey	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) March 25, 1892	and that I last saw halive on	
8. AGE: Years Months Days If less than one day 33 3 hrshrs.	Immediate fuse of death Corononius	URATION
9. Birlhplace	Oue io Montores	
10. Osual Occupation	Due to	
11. Industry or business 12. Name	Other conditions.	***************************************
14. Maiden name. Elizabeth G. Fridgy 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations	•••••
2 15. Birthplace 16. Informant Elith E. Harvey	Autopsy results	************
Address north East, Ind.	PHYSiCIAN: Please underline the cause to which death should be charged statistics	lly.
(Burlai, cremation, or removal, Which?) Oate thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Methodist Cemetary	Where did injury occur?	
Location Roll M. Real 18. Funeral director Roll M. Real	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	*****************
Address Rising Sun, md.	W & a Dodgon What Social	County
19. Mag 20 19 45 Jeda V. Covens (Date rec) by registrar) Registrar	23. SIGNATURE. M. D. or other Address Usung Survey Date signed 7.22	7-45

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore %

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For All whom infants give residence of mother)
County Quality	State Mayland Govery Coul
(If outside city or town limits, write RURAL and give parest town)	the contraction of the contracti
How long in above place of death?	City or town (If outside pay or town limits, write KURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) I1 veteran, name war
3. (a) FULL NAME O	3. (b) Social Security Number
Tellam 1.	Holden.
4. See 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. Hute Single	20. BATE DE DEATH. Que 2 - 2/ 1945 at 3.30 Pm
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of	and that I last saw halive on19
deceased (mo., day, yr.) Dec. 22 /802.	Immediate cause of death DURATION
8. AGE: Years Months Bays Illess than one day	Clark Coronary
82. 8:hrsmin.	flowboard!
9. Birthplace Electon ma.	Due to.
Retal Cown, county, and state)	
18. Usual occupation	Bue to
11. Industry or business & Carpenter	
12. Name William W. Holden 13. Birthplace Clotton R. D. Incl.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Teletha Mahaney 15. Birthplace North Car R. D. MA	Major findings of operations.
\$ 15. Birthplace North Coat 1. D. M.	Bate of op.
16. Informant Mr. Charles Holden	Autopsy results
Address Elkton P.D. 1. Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D . 1 G. 24/10	22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Bate thereol (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory north East methodist	Where did injury occur?
Location Month East Mid	lojured at home, farm, industry, public place (where?)
1/1. P. I. herrie	Means of injury Injured at work?
18. Funeral director	(1) (2) De la Carlo Examine
Address Cliffon, Mid	23. GOTTALURE COUNTY
19. ang 24 18 45 J 16 Trasas	1/1/2 mg sew md. 8/21-45
(Date rec/d by registrar) Registrar	Appress Date signed D.

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2411 N. Charles St., Baltimore 93.

CERTIFICATE OF DEATH

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۲.	Reg.	I

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M. D. or other

... Date signed

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For acytogra infants give residence of mother) State County City or town
How tong in hospital or instillollon?	2.(a) If veteran, name war
3. (a) FULL NAME Ruth Ella Hug	les . 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced much single singl	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife. Cliffall August Augus. 6.(c) If alive, give ege. O. years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day	Immediate cases of death DURATION DURATION
9. Birthplece Dottle East md. (Town, county, and state)	Due to. CILLO OCCIONAS
1f. Indostry or business	Due to.
12. Name 12.	(laciude pregnancy within 3 months of death)
14. Maiden name Mulamanne 15. Birihpiace	Major findings of aperations
Address They We frank, Und Rus	Autopsy results PPTSICIAN: Please underline the cause to which death shauld be charged statistically. 22: VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremator, or removal. Which) Date thereof (M) (Gonth) (day) (year)	Accident, suicide, or homicide
Location Joseph Definition Med Aural	(City or town) (County) (State) Injured at home, farm, lodustry, public place (where?)
18. Funeral director level will, with	Along State of World State Caril County

Registra

19. (Date 10 d by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 97

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J. cic.	•
Reg. Dist. No	96

CEDTIFICATE OF DEATH

Reg. Dist. No.		
1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ror newborn infants give esidence of mother)	
City or town	State Matty Gull County County County Clifty or town Levy Will Assal	
How long in above place of death?	(If obtaine city or town limits, write RURAL and give nearest town) Street No. (If rorsi, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Roarvell Lar	haan dr. 3. (b) Social Security Number	
4. Sex 5. Goldr or/rape 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION 20. DATE OF DEATH. August 17 1945 et 20, m	
B.(6) Name of husband or wild Clause	21. I GERTIFY that death occurred to the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.)	Immediate cause of death. Rescaled DURATION	
8. AGE: Years Months Days If less than one dayhrshrs.	attieromate 1570	
9. Birthplace (Town, county, and state)	Due to Old age	
10. Usual occupation. A abstract (Selfull) 11. Industry or business. A Peralla, R.A.	Due to	
12. Name Edward Jacksasu 13. Birthplace Culo Mich 1	Other conditions	
14. Malden name and Malzan 15. Birthplace Peril Co. Und.	(Include pregnancy within 8 months of death) Major findings of operations.	
\$ 15. Birthplace elge		
Address Jerry ville and J. F. 18 1	Antopsy results	
17. (Burial, cremation, or removal. Which?) Date thereof Aug. (remation) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory Ashury	Where did injury occur?	
Location And August Mills August August Mills August Mill	Injured et home, farm, industry, public place (where?)	
18. Funeral directors	1 6 0	
Address Cerry Title, Unit	23. SIGNATURE J. T. Magraw.	
19. (Date registrate) Registrate	Address Sergoll Md Date signed 8719145	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SETTING THE DISTRICT



2411 N. Charles St., Baltimore

07947

M. D. or other

Address Marie East Me signed 8-10-4-5

CERTIFICAT	TE OF DEATH Rog. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOIME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or instifution?	2.(a) If veteran, name war
3. (a) FULL NAME William Evans	Tachson 3. (b) Social Security Number
4:Sex Solve or race 6.(a) Single, married, wildowed, or divorced Wildowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. O. 1944. Sat. 11 P. M.
8.(b) Name of husband or wife. Summer	21 I CERTIFY that death occurred on the obje above stated; that I atlended deceased from 194 5, 10 194 5 and that I last saw harmonic properties on the object of the ob
9. Birthplace. Celil (Town, county, and state) 10. Usual occupation. Transfer Foreman	Due to
11. Industry or business Jenna. 12. Name William E Jackson 13. Birthplace Centle Co. Mil.	Other conditions
14. Malden name & aura of fitcheasts 15. Birthplace 18. Informant Afla, N glostrum	Major fiudings of operations
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Oorf We Brasil Md Rung 18. Funeral director X & a Patterson & Sor	Lipidred at home, farm, industry, public place (where?)
Address Perry ville, mel.	23. SIGNATURE. O SCALLES M. D. or other

Registra

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ADING INK. Supply every item of information carefully. The co-Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

(Date roof u by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Dist. No. 92
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Annold Lee	1 3. (b) Social Security Number
4. Ser 5. Color or race 6.(a) Single married, widowed, or dispress 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Months 8. AGE: Years Months Days It less than one day 7. Birth date of deceased (mo., day, yr.) Dec 20 / 93 / 93 / 93 / 93 / 93 / 93 / 93 / 9	and that I last saw h
9. Birthpiece COULDING (Town, county, and state) 10. Usual occupation	Due to.
12. Name 12.	(Include pregnancy within 3 months of death) Majur findings of operations.
16. Informant Library Grown Address Election R.D. M.d.	Autupsy results
17	Accident, suicide, or homicide Where did Injury occur? (City or town) (County) (State) Injured at home, farm) Industry, public place (where?)
18. Funeral director H. W. Tippin Address Elkton many land	Means of Injury College Injured et work? Medical Examine 28. SIGNATURE M. D. or other
(Date readd by registrer)	Meny suu ma 873-4

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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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CERTIFICAT	TE OF DEATH Reg. Diat. No. 9
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For uswhorn infants give residence of mother) State
3. (a) FULL NAME Lewis Jone	2 . 3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced M. Guille Surfle	MEDICAL CERTIFICATION 20. DATE OF DEATH. QUY Q Q 1945, et 9:00 CM
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, fc Pello 20 / 8 8 8	and that I last saw halive on
8. AGE: Yeare Months Days If less than one day 5 7 5 2	Immediate Jause al death DURATION Due to. Duration
tD. Usual occupation.	Due to
11. Industry or business 12. Name — — — — — — — — — — — — — — — — — — —	(Include pregnancy within 8 months of death) Major findings of aperations. Date of on.
Address MNTh Euch Md.	Autopsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
t8. Funeral director Suplanda Cash hel	Means of Injury Court Selfs Injured at work? Means of Injury Court Selfs Injury at work? Means of Injury Court Selfs Injury at work?
19 City 75 19 45 FRJ Registrar Registrar	23. SIGNATURE CALL GOVERNMENT M. D. or other M. D.

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (56) CERTIFICATE OF DEATH 1. PLACE OF DEATH: information carefully. The co 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County (If outside city or town limits, write RURAL and give nearest town Now long in above place of dealh?..... (If ontside city or town limits, write RURAL and give nearest town) Hospital, institution, or street eddress where death occurred: (If rural, give LOCATION) How long to hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4 Say every item of MARGIN RESERVED FOR BINDING 20. DATE OF BEATH 21. I CERTIFY that death occurred on the date above stated: that I altended deceased from Supply ever 7. Birth date of deceased (mo., day, yr.) It less than one day 8. AGE: Years ADING INK. Supp Physicians: please 9. Birthplace to. Usual occupation. 11. Industry or business 12. Name..... important. WITH E 15. Birthplace PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, fill in the tollowing: dua (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? WRITE Cemetery or crematory (City or town) Injured at home, farm, Industry, public place (where?) Location Means of Injury injured at work? PLEASE 18. Funeral director.

(County)

Address

(Date rec'd by registrar)

RING 23 1945

TEAT V.B.

A The Manager

MARYLAND STATE DEPARTMENT OF HEALTH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The a is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 53)

CERTIFICATE OF DEATH

07951 Reg. Dist. No.

	Reg. Dist. NoJ
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Hospital, inslitution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) 1 veteran, name war
3. (a) FULL NAME 4. Sex (5. Color or race 6.(a) Single, married, widowed, or divorced	3.(b) Social Security Number MEDICAL CERTIFICATION
Femle White Single	20. DATE OF DEATH August 16-1845 at 8:15 Plan
6.(b) Name of husband or wife	21. I CERTIFY that seath occurred of the date above stated; that lattended deceased from 19 45. and that I last saw h
8. AGE: Years Months Days It tess than one day 8 8 9	Due to. Teneral Mataches,
10. Usual occupation	Due 10. Accordany in Eraast. cenf. R.
12. Name Participal Pa	Other conditions
14. Maiden name Andrews 15. Birthplace penlanam	Major fisdings ol operationa
Address Port Dyssit 1814	Antopsy results. PHYSICIAN: Please underline the cause to which death about he charged statistically. 22. VIOLENCE: II death was due to external causes, till in the tollowing; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Cemetery or crematory.	Where did injury occur?
Location January Constitution of the Superat director	Injured at home, larm, Industry, public place (where?)
Address Proint Sun Ind!	23. SIGNATURE M. D. or other
39. (Hate year day registrary)	1 4 R 60it 8/17/14

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Med age

1. PLACE OF DEATH:

How long in above place of death?

How long in hospital or institution?. 3. (a) FULL NAME

6.(b) Name of husband or wife

Hospital, Institution, or street address where death occurred

5. Color or race

Months

County City or town.

4. Ser

7. Birth date of deceased (mo., day, yr.)

9. Birthplace.

FATHER

MOTHER

10. Usual occupation 11. Industry or business

> 12. Name 13. Birthplace

14. Malden name

Cemetery or crematory

(Date requipy registrar)

15. Birthplace

Address

8. AGE:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICAT

min.

23. SIGNATURE.

Address.

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wn limits, write RURAL and give nearest town)

6,(a)Single, married, widowed, or divorced

6. (c) It alive, give age

Days 2

If less than one day

Dening 952

E OF DEATH	Reg. Dist. No
2. USUAL RESIDENCE (HOME (For newborn infants give residence) OF DECEASED:
State New York	County
City or town. (If outside city or town li	mits, write RUKAL and give nearest town)
Street No. 232-12-	14-3 and give LOCATION)
2.(a) If veteran, name war	······································
	3. (b) Social Security Number
MEDICAL 20. DATE OF DEATH ALL	CERTIFICATION 9.30
	e above stated; that I attended deceased from
July 45 =	10 45 10 Sleg 1 19 45
and that last say alive on	led 7-1 1945
Immediato cause of death	DURATION /
Cerebral	Hereottege much
Due to	

Due to	
	A collecter
Other conditions	
(Include pregnancy withi	n 3 months of death)
Major findings of operations	
***************************************	Date of op
Autopsy results	o which death should be charged statistically.
22. VIOLENCE: It death was due to externa	l causes, till in the tollowing;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or to	wn) (County) (State)
Injured et home, farm, Industry, public plac	
Meaos of Injury	injured et work?
X	mont M.D.

M. D. or other

Date signed.

every item of information carefully. The conite the causes of death clearly and legibly. write DING INK. Supply hysicians: please wr DING INK. importar WITH PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-

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CERTIFICAT	Reg. Diat. No96
1. PLACE OF DEATH: County County City or towleterans Administration Perry Point, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Nospital, institution, or street address where death occurred: VeteransAdministration Perry Point, Md. How long in hospitat or institution? Same as above	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME MANCE, Montgomery	3. (b) Social Security Number

Z.(d) I1 veteran, name war
3. (b) Social Security Number
MEDICAL CERTIFICATION 2D. DATE DF DEATH. August 21 1945 , a4:204.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jenuary 17 19.45 and that I last saw h. Im. alive on August 21 19.45. Immediate cause of death
Cerebral Thrombosis Damediate
Due to. Cerebral Hemorrhage 23 months
Dither conditions Psychosis with C.N.S. Lues, Meningo-encephalitic type Unknown (Include pregnancy within 3 months of death) Major findings of operations.

16. Informant HOSDITAL	Records
AdVeterans Admini	stration, Perry Point, Mi
Pamowal	9-99-45

(Burial, eremation, or removal. Which?)	(month) (day) (ye
Cemetery or crematory Arlington National	Cemetery
Location Arlington, Va.	**************************

(Date registrar)

Means of Injury

Where did injury occur?

injured at work?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Not performed

22. VIOLENCE: It death was due to external causes, till in the following:

(City or town) Injured at home, tarm, industry, public place (where?)

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

CEDTIFICATE OF DEATH

			CERTIFICA	IE OF DEATH	Reg. D	Pist. No. 96	
1. PLACE OF DE				2. USUAL RESIDENCE (HON	ME) OF DECEASED	:	
CountyCe.C:	11	***************************************	***************************************	(For newborn infants give resi	_		
City or fow P	Point, Ma	ryland.	JRAL and give nearest town)	31216	County		
			0. 10 da.	City or town	wn limits, write RURAL	and give nearest town)	01140000
Hospital, Institution, or	street address where	death occurred:	, , , , , , , , , , , , , , , , , , , ,				
terans Ad	ministrati	on, Perr	y Point, Mi.	Streef No. 509 Lyndh	urst	***************************************	
How long in hospital or	r Institution?S	ame as	Above	2.(a) If veleran, name war	W.W.		******
3. (a) FULL NAM	e Messn	ER, Joh	n J.		3. (b) Soci	al Security Number	1
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDIC	AL CERTIFICA	TION	
Male	White		Single	20. DATE DF DEATH. August			OP.
i.(b) Name of husband	or wife	npne		21. I CERTIFY that death occurred on the June 29	e date above stated; that I	attended deceased from August 8	45
7 Right date of			If alive, give ageyears	and that I last saw h. im alive on	August 8	19	45
deceased (mo., day,)	n.) Decembe		.895	Immediate cause of death			TION
8. AGE: Years	Months 7	Days	If less than one day	Occlusion, coron	lary D	nmediate	
0 Distingues	Maryla	nd	ate)	pholi/ Pneumonia, lo	bar, left		ned
o. pittipiave	(Town,	county, and st	ate)				
10. Usuat occupation	Labore	r	***************************************	Due to			
11. Industry or busines	s						
		n		Other conditions Psychosis with mental defi- ciency Over 20 years (Include pregnancy within 3 months of death) Major findings of operations.			
13. Birthplace	**		••••••				
ec	**						47.0
14. Malden name.			***************************************				
E 15. Birthplace					Dafe	of op.	
16. Informanf Ho	spital Rec	ords	***************************************	Autopsy results	as above		
Address Veta	rans Admin	istrat	on Perry Point M	PHYSICIAN: Please underline the car			
Remova		Data the	8-10-45	22. VIOLENCE: If death was due to ex			
(Burial, cremation	, or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cremato			onal Cemetery	Where did injury occur?(City o	or town) (Cou	nty) (State)	
Bal'	timore. Md			Injured at home, farm, Industry, public			
Location	1	, .		Means of injury		et work?	
18. Funeral director	Penningth	1 X C	Havre de Grace,		110,5100		
Address		- a son	9	23. SIGNATURE 1 - S. K.	rele	uge	~
Alexan	10 " 41	~9	ne E Danghol	A. E. TROTLINGER Lt	.Col., M.C.	Criarcar	27
(Date rec li by re	/O 19 4.5 gistrar)	Silatin	Registrer	Addres Director, Veter	ensAdminist	ma eigned8-9-	45
				- PRIPR	V POTNE ME		

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RUREAU V.B. DO PER HIMEO Thomas IV. 1995 and the second s over the total total the statement of - state farm little statement his y-The state of the s THE SHOP OF THE PARTY OF THE PA

Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH age is shown on 2411 N. Charles St., Baltimore (830) CERTIFICATE OF DEATH SEP 13 1945 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) information carefully. The of death clearly and legib How long in above place of death?..... ecity ontown lie Hospital, Institution, or street address where death occurred: Street No. (If rupay, give LOCATION) How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex item of i MARGIN RESERVED FOR BINDING S.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years If less than one day (Town, county, and state) 10. Usual occupation f1. industry or business f2. Name. important. 13. Sirthplace (Include pregnancy within 3 months of death) f4. Maiden name. Major findings of operations. 2 15. Birthplace PHYSICIAN: Please anderline the cause to which death should be charged statistically. Address 22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide..... (Barisl, cremation, or removai, Which?) Where did injury occur? WRITE (City or town) (Connty) Injured at home, farm, industry, public place (where?) Means of Injury injured at work? 18. Funeral director SE

Registrar

(Date reg d by registrate

SEP 4 1945 BUREAU V. S.

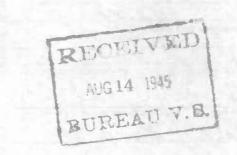
2411 N. Charles St., Baltimore

07955

CERTIFICA	TE OF DEATH
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County
How long in above place of death? Hospital, institution, or street address where death occurred:	City or town. (If ontside city or town limits, write EURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Mary J. Notar a	Ra 3. (b) Social Security Number
4. Sex 5. Color or race 6.69 Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH Quest 1 19 7 J at 50 M
6.(ô) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last say h
Consell wills Paril Made	Imperfect toutal Designed 1 de
8. Birthplace. (Town, confity, and state) 10. Usual occupation.	Due to
11. Industry or business 12. Hame Valtano Notarrella 13. Birthplace Annie	Other conditions
14. Maiden name Jalak Rahksaelli 15. Birthplace Laly.	(Include pregnancy within 8 months of death) Major findings of operations
18. Informant Thomas Trottangular	Antopsy results
Address Gerry ville Und.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Wifeh?) Cametery or crematory	Accided, suicide, or homicide
Location Save hill Small July	Injured at home, farm, industry, public place (where?)
Address Perrywill, und.	22 SIGNATURE L. F. Magair
19. Control of the registrar) 19. 4/5' Change & Registrar	M. D. wather

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore

CERTIFICATE OF DEATH

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0139	P.
Reg. Dist. N	10J

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Med County Ceril
How long in above place of doubh?	City or town with East Cense
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Kalph Leonau	d Carrett
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Lungle	20. DATE OF DEATH. and 2 1945 5 at 620 P M
	21. I CERTIFY that death occurred on the vate share stated: that I attended deceased from
6.(b) Name of husband or wife	Buly 25 , ang 2 145
7. Birth date of	and that I last saw here allo on Aug 20 19 45
deceased (mo., day, yr.) March 17 1945	Immediate cause of death
8. AGE: Years Months Days If loss than one day	Whooping Cough 10 kan
1 4 16hrs.	
Ella P. 1 md	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation.	
11. Industry or business	Due to
12. Name Clone d. Garratt 13. Birthplace North East Ind	Dthor conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Elizabeth R. Laid 15. Birthplace Phaysille and	Major findings of operations.
E 15. Birthplace Marusielle had	
16. Informant Elnie & Parell	Date of op.
2 -112	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
Address northeast md	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide.
Gemetery or crematory	Where did injury occur?
Location North East had	Injured at home, farm, industry, public place (where?)
18. Funeral director Paged P. Grand	Means of Injury Injured at work?
Address Someth East had	OAR.
0 1 1 9 . 0 . 0	23. SIGNATURE M. D. or other
19. J. T. 1845 Lida & Wieus (Date rec'd by registrar) Regist	FRE Address Naule East, malare closed 8- 4 - 46-5

To other reports to the second state of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Pro-

07958

Address Rising Sun, Md. Cecil Co. Date signed 8-17-45

City or town. Atlanta City or town limits, write RURAL and give nearest town) Replais, institution, or streat address where death occurred: Streat Ma. City or town. Major field by or town limits, write RURAL and give nearest town) The long in above place of deathy. The long in above place of deathy. The long in hospital or institution? 3. (a) FULL NAME PEAL, Harmon Buford 4. Sat				CERTIFICA	ATE OF DEATH Reg. Dist. No.		
Male Warried 8.(b) Hame of husband or wife. Mrs Voe Anne Peal 8.(c) If alive, give age years deceased (no., day, yr.) 3—29—16 8. AGE: Years Menths Bays It less than one day 9. Birthplace Rome, Georgia 10. U.S. Navy Due to Due to 11. Industry or business 12. I Certify that death occurred to the date above staicd; that I altereded deceased from 1.7 August 1.945., to 19 18 19 18 19 19 19 18 19 19 18 19	County	CEC ryville, utside city or town of death? street address where	Md , limits, write I o death occurred	1 :	(For newborn infants give residence of mother) State Georgia County City or town Atlanta (If outside city or town limits, write RURAL and give nearest town) 72 Anthone St. Street No. (If rural, give LOCATION) 2.(a) If veleran, name war World War II		
8. (b) Name of husband or wife. Mr. S. VOS Anino Peal. 7. Sirih date of decessed (mo., day, yr.) 3—29—16 8. AGE: Years Months Bays (tiles than one day 19 hrs. min. 9. Sirihplace Rome, Georgia (Town, county, and state) 10. Usual occupation. U. S. NAYY 11. Industry or business 12. Name. 13. Sirihplace 14. Maiden name. Not. Available 15. Sirihplace 16. Informant Records Office, U.S. Naval Hosp Address Bainbridge, Maryland 17. Sirih date of detail (may) (year) (City or fown) 18. Cometery or transfer of remaining the course of which death should be charged statistically. Competition of removal, (yigher) (day) (year) (City or fown) 18. Funeral direction. La Auditable (Control of the course of the pale of 1.7 August (Control of the course of the pale of 1.7 August (Control of the course of the pale of 1.7 August (Control of the pale of 1.	4. Sex				MEDICAL CERTIFICATION		
8. (b) Name of husband or wife. ATS. Voe Anne Peal. 7. Sirth date of decessed (mo. day, yr.) 3-29-16 8. AGE: Years Months Days these than one day 19 hrs. min. 9. Birthplace Rome, Georgia (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. I Name. 13. Birthplace 14. Maiden name. 15. Birthplace 15. Birthplace 16. Informant Records Office, U.S. Navyl and dates (Include pregnancy within 3 months of death) Major findings of operations. 16. Informant Records Office, U.S. Navyl and dates about the charged statistically. 17. August. 18. August. 19. Birthplace 19. Birthplace 10. Usual occupation. 11. Industry or business 12. I Name. 13. Birthplace 14. Maiden name. No.t. Available 15. Birthplace 16. Informant Records Office, U.S. Naval Hosp Address Bainbridge, Maryland 17. August. 18. August. 19. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident. Bale of 1.7. August. Where did injury occur? Perrywille. Constry (Constry) (State) 18. Funeral directed August. 19. Birthplace 19. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. 19. Autopsy results. PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident. Bale of 1.7. August. 19. August. 10. Usual occupation. 10. Usual occupation. 11. Industry or occur? Perrywille. 12. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident. Bale of 1.7. August. 19.	Male	W_US	Ma	rried	20. DATE OF DEATH. 1.7. Angenest 19.45. at 01.55. A.W		
8. AGE: Years Months Days tiless than one day 29 4 19 hrs. min. 9. Birthplace Rome. Georgia (Town, county, and state) 10. Usual occupation. U.S. Navy 11. Industry or business E 12. Name. Not Available 13. Birthplace 14. Malden name. Not. Available 15. Birthplace 16. Informant Records Office, U.S. Naval Hosp Address Bainbridge, Maryland 17. Buttony remains (mysth) (day) (year) Commetry or premation, or removal, which? Date thereof Author (mysth) (day) (year) Commetry or premation of removal, which? Location Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident. Dale of 1.7 Aug. (City or fown) Commetry or premation, or removal, which in the following: Accident, suicide, or homicide. Accident. Dale of 1.7 Aug. (City or fown) Injured at home, farm, industry, public place (where?)	7. Girth date of deceased (mo., day, yr	3-29-16	6.(c) If alive, give ageye	17 August 1945 , to 19 and that I last saw h alive on == 18		
10. Usual occupation. U. S. Navy 11. Industry or business 12. Name. Not Available 14. Maiden name. Not Available 15. Birthplace 16. Informant Records Office, U.S. Naval Hosp Address Bainbridge, Maryland 17. (Burial, cremation, or removal, Which?) Cemetery or crematosy Location Locati	0. 7.02.						
14. Maiden name	10. Usual occupation	U.S.	Navy		Due to		
Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, sulcide, or homicide. Accident. Dale of 1.7. Aug Where did injury occur? Perry ville. (Connty) (Connty) (Connty) (State) 16. Funeral director Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, sulcide, or homicide. Accident. Where did injury occur? Perry ville. (Connty) (Connty) (State) Highway Means of Jayory Aug. o accident injurged at work?	And the second s	No+ A-	rn4lahl		(Include pregnancy within 3 months of death) Major findings of operations		
Address Bainbridge, Maryland PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident. Date of 1.7. Aug							
Address Ballofidge, Maryland 11. Characteristics of removal, Which? 12. VIOLENCE: tf death was due to external causes, fill in the following: 13. Characteristics of removal, Which? 14. Commetery or removal, Which? 15. Funeral director of the following: 16. Funeral director of the following: 17. August 1945 18. Funeral director of the following: 18. Funeral director of the following: 19. County (County) (County) (State) 19. Funeral director of the following: 19. County (County) (State) 19. Funeral director of the following: 19. August 1945 19. County (County) (State) 19. Funeral director of the following: 19. August 1945 19. County (County) (State)	16. Informant Reco	ords Off	ice, I	J.S. Naval Hos			
Location Manufacture (Connty) (State) Location Means of Large (Where?) Highway 16. Funeral director LLA Catture Associated injured at work?					PHYSICIAN: Please underline the cause to which death should be charged statistically.		
16. Funeral director Land Carlotte Control of the C	Cemetery or Cremator	y page	Date ther	(mg/th) (day) (year)	(City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Highway		
23. SIGNATURE R. C. DOGSON, MEDICAL EXAMINET M. D. or other Picing Sun Md Cacil Co.	Address	Perry		tuska 45 m	23. SIGNATURE R. C. Dodson, Medical Examiner M. D. or other		

Registrar

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PLEASE

19 (Date read by registrar)

WRITE PLAINLY, WITH UNF is especially important.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

	WIT
•	PLAINLY,
•	WRITE PL
VS A15	PLEASE

			CERTIFICA	TE OF DEATH	Reg. Diat. No	96
How long in above Hospital, instituti	Perryville (If outside city or town place of death?	Md. limits, write	RURAL and give nearest town)	11 City or town ULEVELAND		
3. (a) FULL 1	NAME				3. (b) Social Security	y Number
PICKER	ELL Gordon	Chesle	igh Jr.			
4. Sex Male	W-US	6.(a)Sing	se, married, widowed, or divorced	MEDICAL CE 17 August	ERTIFICATION 45	0155 A
		None	(c) If alive, give agoyea	21. I CERTIFY that death occurred on the date abo	ve ntated; that I attended doo	ceased from
7. Birth date of	D1.					
8. AGE:	deceased (mo., day, yr.) December 17, 1926 8. AGE: Years Monthn Dayn If less than one day 18 8 0			and that I last saw h alive on INJURIES, EXTREME, CHEST AND AR	MULTIPLE, 5DO AEN	DURATION
1D. Usual occupa	NT 4 A	vy	***************************************	Duo to. INJURIES, LAULTIPLI LATRELE, CHEST AND ABI	DOLLEN	
当 12. Name 13. Birthplac	17 . 95		1 Sr.	Other conditions		•••
	Not Kno			(Include pregnancy within 3 months of death) Majer findings of eperations		
		fice.	U.S. Naval Ho	CT N		
Address 17. Buj (Burial, crem	Bainbridge ial action, or removal. Which tematory Arlingt	ge, Ma Date the		PHYSICIAN: Please underline the cause to wh 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	sos, fill in the following: t. Date of 1.7 Cecil Maryl (County) Here?) U. S. Highwa Injured at work?	August 1 and (State) y 222 & 4(
19. (Date reck)	by registraf)	5. 2	Registra	Address Rising Sun, Md. Ce		

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AUG 28 1945

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CEDTIFICATE OF DEATH

	E OF DEATH Per Plat No. 9		
1. PLACE OF DEATH: County City or fown (If outside city or town limits, write RURAL and give plearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(d) If veteran, name war.		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3, (b) Social Security Number MEDICAL CERTIFICATION		
8.(b) Name of husband or wife Wise Piple	20. DATE OF DEATH		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 3 2 // 7	years and that I fast saw h. alive on 19		
9. Birthplace (Town, county, and state)	Due to		
11. Industry or business 12. Name Paris Martel Dill 13. Birthplaco Church Hill Mid	Due to		
14. Malden name Katie never mellington. Mrs	(Include pregnancy within 3 months of death) Major findings of operations. Date of on.		
16. Informant James Mc V Dell Address Middletown Del RD 2	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
(Burial, eremation, or removel. Which?) Cometery or crematory. Cometery or crematory. Cometery or crematory. Company of the company of th	22. VIOLENCE: If death was due-to-external causes, fill in the following: Accident, suicide, or homical Date of Section 1997 Where did injury occurred (City or town) (County) (State)		
tocation Masseys Mary Care) 18. Funeral director 24 - White	Injured at home, farm, industry, public place (where 2) lieu af calle Called Means of injury Power 9 injured at work?		
19 MAR 14 " 1945 MARA Ralkell St.	23. SIGNATURE Cocil Court		

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RECEIVED AUG 17 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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State County City or town Limits, write RURAL and give nearest town) Street No
City or town
(If outside city or town limits, write RURAL and give nearest town) Street No
(If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45, to 19. 2nd that I last saw how alive on 21. Immediate cause of death. DUR
2.(a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45, to 19.45, 1
MEDICAL CERTIFICATION 2D. DATE DF DEATH. Cruguest 19 45 at .3 — 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 45 to crug 19 45 and that I last saw how alive on China 19 45 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL CERTIFICATION 2D. DATE DF DEATH. Cruguest 19.45 at .3— 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to 20.2 11. and that I last saw how alive on all 19.45 to 20.2 15. Immediate cause of death DUR
2D. DATE DF DEATH. Curguest 19.45 at .3 = 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to 19.45 11. and that I last saw how alive on Charles 19.45 11. Immediate cause of death DUR
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945, to 1945, allow on 24, 1945. It Immediate cause of death.
and that I last saw how alive on all last saw how alive on al
and that I last saw how alive on Aug 1995 1 Immediate cause of death DUR
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Major findings of operations.
Date of op,
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22. VIOLENCE: If death was due to externat causes, fill in the following;
Accident, suicide, or homicide
Where did injury occur?
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?
000
23. SIGNATURE A. A. Allowson M. D.
M. D. or other

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STREET HO STEAD STEAD

AUG 7 1945 PUREAU V. B.

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CERTIFICATE OF DEATH

1 DIACE OF DE	THE		11	Reg. Dlat. No.
1. PLACE OF DEA	41		2. USUAL RESIDENCE (HOME)	OF DECEASED: of mother)
	ans Admin	istration, Perry Point, mits, write RURAL and give nearest town)		ounty
How long in above place	of death? 2 d	ays	City or town	Street, Baltimore, ita, write RURAL and give nearest town)
lospital, institution, or		death occurred: n.Perry Point. Md.		
		as above		ve LOCATION)
3. (a) FULL NAME		DER, Horace M.		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male	Negro	Single	20, DATE OF DEATH. August 22	
B.(b) Name of husband o	r wifs	Single	21. I CERTIFY that death occurred on the date at	bove stated: that I attended deceased from
		B.(c) if alive, give ageyea	August 20	45 to August 22 19 45
l. Birth date of deceased (mo., day, yr	Day &	month unknown 1894	and that I last saw h	ugust 22 19 45
8. AGE: Years	Months	Days If less than one day		rupture of Undetermin
51		hrsmi	1-	
9. Birthplace Pri	nce George	county, and state)	. Due to	***************************************
IO. Usual occupation		•		a b
11. Industry or business			Due to	
	hown		Biher conditions Arterios deros	sis, generalized
13. Birthplace Un	known			Undete min
14. Maiden name	Unknown	***************************************	1	
14. Maiden name	Unknown		Major findings of operations	
	ital reco	:4a		OV6
		nistration Perry Point	11	
		Bata therest 8-25-45	22. V10LENCE: If death was due to external ca	
17		(month) (day) (year)		Date of
		e National Cemetery	Where did injury occur?(City or town)	(County) (State)
Location Ba	ltimore,		Injured at home, farm, Industry, public place (1	V X
1B. Funeral director	enting ton	stant Un	Means of Injury	Injured at work?
	e de Grac		1.5.180	elier "
10	25	1 2 50 1	23 SIGNATORE TROILINGER Lt	Col Wa Clinical Dir
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Watergra Administration, Perry Point, Mis-

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2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County Cecil City or town. U.S. Naval Fraining Center Bainbridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6. MO.S. Hospital, Institution, or street address where death occurred: USNTC. Bainbridge, Maryland Now long in hospital or institution? None	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
RISTE, Gerhard Nathaniel	
4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH August 10 19 45 , at 7 P.
6.(b) Name of husband or wifeMary Harman Riste	21. I CERTIFY that doath occurred on the date above stated: that I attended deceased from
7. Birth date o1	and that I last saw h im alive on 10 August 1945
deceased (mo., day, yr.) 3-23-98	
8. AGE: Yoars Months Days If less than one day	Immediate cause of death Coronary Heart Disease DURATION Arteriosclerotic
47 4 17hrsmin.	
9. Birthplace Decorah, Iowa (Town, county, and state) 10. Usual occupation of Cal Agent - Mans Life Ins. Co. 11. industry or business Gr. Office, Shand Rapids Nich. E 12. Name Nils (n) Riste 13. Birthplace Norway	Due to
14. Malden name. Kari Jacobsen.	(include pregnancy within 3 months of death)
The state of the s	Major findings of operations.
16. Informant Wife Address Qts. Q. USNTC. Bainbridge, Md.	Antopsy results. Confirms clinical diagnosis PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Removal (Bariai, cremation, or removal, Which?) Cometery or crematory. Grand Rapids, Mich.	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Grand Rapids, Mich.	injured at home, farm, industry, public place (where?)
18. Funeral director Vella a. Carters acc 4 Son	Means of injury tojured at work?
Address Perry ville, Wed.	23. SIGNATURE R. W. MYTTAY, CAPIT. (MC) USNB.
19 (Date red by registrar) 18 4 Registrar	NTC, Bainbridge, Md. Date signed 8/11/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE REPARTMENT OF BUREFUL

STRIPPICATE OF DEATH.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	07964
Reg. Dist.	No. 92

1. PLACE OF DEATH? 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resideace of mother)	
(Not newborn infinite give residence of mother)	1
County	les.
City or fown	
How long in above place of death? (If outside city or town limits, write RURAL and give ne Hospital, institution, or street address where death occurred:	
	arest town)
5 cl cys. Union Hozb Street No. (If rurai, give LOCATION)	/
How long in hospital or Institution? 2.(a) If veteran, name war.	
3. (a) FULL NAME (3. (b) Social Security	Number
4. Sax 5. Color or race S.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	
M' Mulle Single 20. DATE DE DEATH COUL- 8 1943	1 /210 M
6.(b) Name of husband or wite	ased from
	19
7. Birth date of deceased (mo., day, yr.) 140 / - 190 9.	19
8. AGE: Years Months Days If less than one day	DURATION
16. 13 min. 1 de Classical	***************************************
9. Birthpiace Clifte / C. Due 10. De	***************************************
(Town, county, and state)	74=
10. Usual occupation. Due to.	•
11. Industry or business helpfulger as the state of the s	***************************************
12. Name Other conditions	
14. Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations.	
2 15. Birthplace Chester Pa Date of op.	
16. Informant Joseph Rockett Autopsy results	
Address 1240 12 chief Eddy Flave Pa PHYSICIAN: Please underline the cause to which death should be charged	
22. VIOLENCE: If death was due to external causes. fill in the following:	00 1/1
17. Buriai, eremation, or removal, Which?) Date thereof. (month) (day) (year) Accident, suicide, or homicide for the control of the control	73-45
Cemetery or crematory Clastes Centry (City or town) (County)	(State)
Location Chester la Injured at home, farm, legistry, qublic place (where?)	~ *
18. Funeral director It William Means of Injury Our Grant Injured at work?	7 5
Address Elkton zur	al Examiner
	ecil County
23 SIGNATURE SOUTH MUST C	or other

Marie Wran AUG 14 1945 RUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

07965

CERTIFICAT	E OF DEATH Reg. Diat. No. 97	
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long to above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Cecil City or town (1f outside city or town limits, write RURAL end give nearest town street No. 82 Hollings world Preserved (If rural, give LOCATION)	n)
Now long in hospital or Institution?	2.(a) 11 veteran, name war	**********
3.(a) FULL NAME Ida Saddler.	3. (b) Social Security Number	
4. Sex 5. Color or race 3.(a) Single, married, widowed, or divorced Married B.(b) Name of husband or wife George D, Saddles	MEDICAL CERTIFICATION 20. DATE OF DEATH	250
7. Birth date of deceased (mo., day, yr.) Mch 3 1893	and that I last saw h. L. 2. alive on	1945
8. AGE: Years Months Days 11 less than one day 5 2 5 3	Politica Aryocardeli	RATION
9. Birthplace Downood W Va (Town, county, and state)	Due to Mich Widney!	************
10. Usual occupation	Due to	· · · · · · · · · · · · · · · · · · ·
12. Name Leonge Caulerbury 13. Birthplace Down W Ca	Dither conditions	
14. Malden name Tockey Elkiergle Ca 15. Birthplace W Ca	(Include prognancy within 3 months of death) Major findings of operations.	
18. Interment Leonge & Saddler Address Election 222	Autopsy results	y
17. Burial Bate thereol aug 10 1945 (Burial, cremation, or removal. Which?) Date thereol (morth) (day) (year)	22. VIOLENCE: I1 death was due to external causes, 11ll in the following; Accident, suicide, or homicide	• • • • • • • • • • • • • • • • • • • •
Commetery or crematory. Comments of the Commen	Where did injury occur?	0
18. Funeral director TV. CO. Pippine	Means of Jajoxy Injured at work?	
Address Elkton mid	of Souther Claim Han	
19. Clary 9 19.45 Frague (Date rec'd by registrar) Registrar	Address Please 9 Sull Bate signed 876.	-45

AUG 14 1945 T. F.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85a)

CERTIFICATE OF DEATH

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			0.
-	Reg.	Diat.	No. 44

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County County
How long to above place of death?	City or town
Hospital, institution, or street address where peath occurred:	Street No.
0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tenul What Marrie	20. DATE OF DEATH aug - 2 145, SP M
8t 0. m 1: 41	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6,(b) Hame of husband or wife	ana- 2 1045, and 2 1045
7. Sirth date of	and that I last saw har alive on area 1945
deceased (mo., day, yr.) Jon 22 - 1889	Immediate cause of death Cerebral DURATION
8. AGE: Years Months Days If less than one day	Hemanliage Idag
56 10ml	n. 0
8. Birthplace (Town, county, and state)	Due to.
10. Usual occupation	Due to
11. Industry or business	
12. Name Scorge J. De Mond	- Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Oly telech Hall 15. Birthplace	Major findings of operations
15. Birthplace md	Date of on.
16. Informant Starley no Swith	Autopsy results.
Address Charleston, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B / C 1 . JGI	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory. Oto 166 cush	Where did injury occur?
Location Colorest.	Injured at home, farm, industry, public place (where?)
Or and el	Means of injury Injured at work?
18. Funeral director	
Address	23. SIGNATURE Colores
18 8- 4 10 45 Lida V. Circus	M. D. or other
(Date rec'd by registrar) Registra	Address March East Mate signed 8-4-45

Car Sign Branch

important.

PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07967

Reg. Dist. No. 96

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	
City or town Perry Point . 16. (Veterans Administration (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	
How long in hospital or institution?Sameasabove	
3. (a) FULL NAME	- 11

2.	USUAL RESIDENCE (HOME) OF DECEASED:
	(For newborn infants give residence of mother)

onte Long Island N. Y. County

Carden City Park
(If outside city or town limits, write RURAL and give nearest town)

Street No. 69 Broadway (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

3. (a) FULL NAM	E	STAPLE	S, Gertru	ide Ada (Mrs.)
4. Sex	5. Color or race 6.(a)Single, married, widowed, or divorced				1
Female	White	Married 20.			
6.(b) Name of husband 7. Birth date of	*********************	6.(c) if alive, give age		21. I CE
deceased (mo., day, y		ber 15			Immadia
8. AGE: Years	Months	Days	It less than one	day	Mye
62	10	18		min.	
9. Birthplace 10. Usuat occupation 11. Industry or busines	(Town,	county, and	state)		Due to
12. Name Joh 13. Birthplace	n Morgan l New York	(ecInt)	739		Other cor
14. Maiden name. 15. Birthplace	Mary Jane New York	DePut	1	************************	Major fi
16. Informant	spital Recommendation	ords			Autopsy
	or removal. Which?)		day) (year)	22. VIO
	ry Long Isl			metery	Where d
	Lawn, Lel			•••••	Injured a
18. Funeral director Penningt on	& Son	in t	Qn_		Means of
19. (Date recal by re	de Grace	In	EN EN	Registrar	23. SIGI A.B.

MEDICAL CERT	rification	
20. DATE OF DEATH ANGUST 2	19.45	at5:384
21. I CERTIFY that death occurred on the date above st July 7 19. 44 and that I last saw h. ex alive on Augus	10 August	2 19.45
Immadiata cause of death Nyecarditis, chronic	Over	OURATION 2 years
Due to. General Arterioscler	osis Over	
Due to		***
Other conditions Psychosis with arteriosclerosis (Include pregnancy within 3 months)	Over	2 years
Major findings of operations	Qate of op	
22. VIOLENCE: tf death was due to external causes, Accident, suicide, or homicide	Date ot	
Injured at home, tarm, industry, public place (where?	injured at work?	•

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